

# Building Utilization Request



# Pioneer Career and Technology Center

ATTN: Director of Business Affairs  
27 Ryan Road, Shelby, OH 44875



## Part I - To be completed by organization requesting building utilization

Date(s) <u>1/3/2023</u> <u>4</u>		Tear Down Time <b>8:00</b> <b>14:00</b>	Date Request Submitted <b>December 11, 2023</b>																		
Activity: Day(s) <b>Wed.</b> 8-2			Room(s) / Area Requested: <b>Arena</b>																		
Name of Organization and Event Being Held <b>Kevin Vargyas for ECE</b>		Number of Persons Attending Meeting <b>Kevin Vargyas</b>																			
Address <b>27 Ryan Rd</b>		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																			
Contact Person: <b>Kevin Vargyas</b>		Business Name: _____																			
Phone Numbers: Home: _____		Contact Person: _____																			
Work _____ Cell: <b>440 5700714</b>		Phone Number: _____																			
PCTC Requested Services: (Identify No. Needed)		Address: _____																			
<table border="0"> <tr> <td><u>Room Setup</u></td> <td><u>Electronic</u></td> <td><u>Café</u> OR</td> </tr> <tr> <td><u>Chairs</u></td> <td><u>Microphone</u></td> <td><u>Culinary Arts</u></td> </tr> <tr> <td><u>Tables</u></td> <td><input checked="" type="checkbox"/> <u>Ovrhd. Proj.</u></td> <td><u>Snacks</u></td> </tr> <tr> <td><u>Chalkboard</u></td> <td><u>Video Camera</u></td> <td><u>Breakfast</u></td> </tr> <tr> <td><u>Lectern</u></td> <td><u>Video Recorder</u></td> <td><u>Luncheon</u></td> </tr> <tr> <td><u>Coat Racks</u></td> <td><u>Internet Access</u></td> <td><u>Dinner</u></td> </tr> </table>		<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR	<u>Chairs</u>	<u>Microphone</u>	<u>Culinary Arts</u>	<u>Tables</u>	<input checked="" type="checkbox"/> <u>Ovrhd. Proj.</u>	<u>Snacks</u>	<u>Chalkboard</u>	<u>Video Camera</u>	<u>Breakfast</u>	<u>Lectern</u>	<u>Video Recorder</u>	<u>Luncheon</u>	<u>Coat Racks</u>	<u>Internet Access</u>	<u>Dinner</u>	attached: (check one) <u>Yes</u> or <u>No</u>	
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For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>		Estimated time of arrival at Pioneer for setup/delivery _____																			
		Other/Specify: _____																			
		Date of contact with Cafeteria/Culinary Arts Services if used for this event _____																			

## Part II - To be completed by PCTC Personnel

Estimate Calculation of Fees: Attach any pertinent paper

Rental ..... \_\_\_\_\_

Custodial Services ..... \_\_\_\_\_

Food Services ..... \_\_\_\_\_

Other ..... \_\_\_\_\_

**Total Fee Estimate** \_\_\_\_\_

**Note:** Final invoice billing based upon actual costs following the event/activity.

Upon receipt of invoice, please make check payable to:  
**Pioneer CTC**

Action Taken	Date	By
Approved and Booked	<u>12/13/23</u>	<u>KWK</u>
Billed for Services		
Referred to Board		

## Responsibility Notice

It is understood that our organization assumes full responsibility for any damage to the building and equipment.

A Security Deposit in the amount of \$ \_\_\_\_\_ is required to confirm scheduling. This will be applied to final invoice upon satisfactory complete of event/activity.

**Any and all information on this form may be shared with the public through our publicly accessed calendar.**

Signature (person in charge of activity) \_\_\_\_\_

Date: \_\_\_\_\_

to use these funds for the direct use, improvement, and maintenance of the building utilization areas of the school.

**Thank you for selecting Pioneer for your event!**